

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4						
5	4					
6	4					
7	①					
8	1					
9	①					
10	1					
11	1					
12	1					
13	1					
14	①					
15						
16	1					
17	①		1			
18	1		1			
19						
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47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	2	2	1	1		
TOTAL CLAIMS	3	1	1	0		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS